

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

3DIS #17 See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF VICTORIA FELLERS, Intervenor Plaintiff	COURT CASE NUMBER 2:93-CV-317
DEFENDANT UNITED STATES OF AMERICA and RICHARD F. RAY, Receiver	TYPE OF PROCESS Subpoena to Produce Documents

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Rural Community Insurance Agency, Inc. c/o Corporation Service Company
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
2908 Poston Avenue, Nashville, TN 37203

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW U.S. Attorneys Office Attn: Suzanne H. Bauknight 800 Market Street, Suite 211 Knoxville, TN 37902	Number of process to be served with this Form 285	
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

PLEASE SERVE PERSONALLY.

Needs to be served no later than September 9, 2013.

Signature of Attorney other Originator requesting service on behalf of: <i>[Signature]</i>	<input type="checkbox"/> PLAINTIFF <input checked="" type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 865-545-4167	DATE 8/29/13
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 74	District to Serve No. 75	Signature of Authorized USM, Deputy or Clerk <i>[Signature]</i>	Date 9/6/13
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) Mike Dowies, Reg. Agent	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 9-9-13
	Time 9:30
	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>

Service Fee \$500	Total Mileage Charges including endeavors 2.83	Forwarding Fee 8.00	Total Charges 65.83	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: Received by MTN on 9/10/13 at 11:40 AM

- PRINT 5 COPIES:**
1. CLERK OF THE COURT
 2. USMS RECORD
 3. NOTICE OF SERVICE
 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00